1   DENOMINATOR FILE

DESCRIPTION:
   THE DENOMINATOR FILE COMBINES MEDICARE BENEFICIARY ENTITLEMENT
   STATUS INFORMATION FROM ADMINISTRATIVE ENROLLMENT RECORDS WITH
   THIRD PARTY PAYER INFORMATION AND GHP ENROLLMENT INFORMATION. THE
   DENOMINATOR FILE CONTAINS DATA ON ALL MEDICARE BENEFICIARIES ENROLLED
   AND/OR ENTITLED IN A GIVEN YEAR. LIKE THE HISKEW FILE, IT IS AN
   ABBREVIATED VERSION OF THE ENROLLMENT DATABASE (EDB) (SELECTED DATA
   ELEMENTS). IT DOES NOT, HOWEVER, CONTAIN DATA ON ALL BENEFICIARIES
   EVER ENTITLED TO MEDICARE; IT CONTAINS DATA FOR ONLY BENEFICIARIES
   WHO WERE ENTITLED DURING THE YEAR OF THE DATA.

DATA CHARACTERISTICS:
   - BLOCK SIZE: 23440
   - RECORDING MODE: F
   - RECORD FORMAT: FIXED BLOCK
   - RECORD SIZE: 90 CHARACTERS

REQUEST INFORMATION
   - HCFA CONTACT: DSAF HELPLINE
                (410) 786-3691
1   DENOMINATOR RECORD

                                           POSITIONS
            NAME   TYPE LENGTH BEG   END   CONTENTS
   ----------------------------   ---- ------ ---------   --

 ****   DENOMINATOR RECORD   REC   90   1   90   THE DENOMINATOR RECORD (1996-CURRENT)
                                                          CONTAINS MONTHLY INDICATORS OF PART A AND/OR PART B
                                                          ENTITLEMENT, STATE BUY-IN COVERAGE, AND
                                                          GROUP HEALTH ORGANIZATION ENROLLMENT, FOR
                                                          THE YEAR'S MEDICARE-ENTITLED BENEFICIARIES.

                                                          ALL FIELDS ARE OBTAINED FROM THE ENROLLMENT
                                                          DATA BASE USING THE MARCH UPDATE FOLLOWING
                                                          THE REFERENCE YEAR (I.E., FIELDS FOR
                                                          RESIDENCE, CREC, CRDI, MSC AND TERM CODES
                                                          ARE AS OF MARCH 1995 FOR THE 1994 REFERENCE
                                                          YEAR).

                                                          SYSTEM ALIAS: DNMNTR96
                                                          DA1 ALIAS: DNMNTR
                                                          STANDARD ALIAS: DNMNTR_REC

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 ****   BENEFICIARY CLAIM NUMBER      GROUP     11     1    11

   1. BENEFICIARY CLAIM ACCOUNT       CHAR       9     1     9   THE NUMBER IDENTIFYING THE PRIMARY BENEFICIARY
      NUMBER                                                     UNDER THE SSA OR RRB PROGRAMS SUBMITTED.

                                                                STANDARD ALIAS: BENE_CLM_ACNT_NUM
                                                                COMMON ALIAS: CAN
                                                                TITLE ALIAS: CAN
                                                                SAS ALIAS: CAN

                                                                SQL-INFO:
                                                                CHAR(9)        NOT NULL

                                                                SOURCE:
                                                                SSA,RRB

                                                                LIMITATIONS:
                                                                RRB-ISSUED NUMBERS CONTAIN AN OVERPUNCH IN
                                                                THE FIRST POSITION THAT MAY APPEAR AS A PLUS
                                                                ZERO OR A-G.   RRB-FORMATTED NUMBERS MAY
                                                                CAUSE MATCHING PROBLEMS ON NON-IBM MACHINES.

   2. EQUATED BENEFICIARY             CHAR       2    10    11   THIS CODE SPECIFIES THE TYPE OF BENEFICIARY
      IDENTIFICATION CODE (BIC)                                  FOR CASH PAYMENT PROGRAMS AND IDENTIFIES THE
                                                                 TYPE OF RELATIONSHIP BETWEEN THE INDIVIDUAL
                                                                 AND PRIMARY BENEFICIARY WHEN THE INDIVIDUAL
                                                                 IS QUALIFIED UNDER ANOTHER'S ACCOUNT.
                                                                 THE CODE IS EQUATED TO A COMMON BIC.
                                                                 FOR EXAMPLE, THE RECORDS FOR A WIFE
                                                                 (BIC B) WHO BECOMES A WIDOW (BIC D) IN THE
                                                                 FILE YEAR WOULD HAVE ALL RECORDS CODED TO
                                                                 THE FIRST BIC.

                                                                 COMMON ALIAS: BIC

                                                                 CODES:
 1                                                  DENOMINATOR RECORD

                                        POSITIONS
             NAME                  TYPE  LENGTH BEG  END                             CONTENTS
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                                                                SOCIAL SECURITY ADMINISTRATION:
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A  = PRIMARY CLAIMANT
B  = AGED WIFE, AGE 62 OR OVER (1ST
     CLAIMANT)
B1 = AGED HUSBAND, AGE 62 OR OVER (1ST
     CLAIMANT)
B2 = YOUNG WIFE, WITH A CHILD IN HER CARE
     (1ST CLAIMANT)
B3 = AGED WIFE (2ND CLAIMANT)
B4 = AGED HUSBAND (2ND CLAIMANT)
B5 = YOUNG WIFE (2ND CLAIMANT)
B6 = DIVORCED WIFE, AGE 62 OR OVER (1ST
     CLAIMANT)
B7 = YOUNG WIFE (3RD CLAIMANT)
B8 = AGED WIFE (3RD CLAIMANT)
B9 = DIVORCED WIFE (2ND CLAIMANT)
BA = AGED WIFE (4TH CLAIMANT)
BD = AGED WIFE (5TH CLAIMANT)
BG = AGED HUSBAND (3RD CLAIMANT)
BH = AGED HUSBAND (4TH CLAIMANT)
BJ = AGED HUSBAND (5TH CLAIMANT)
BK = YOUNG WIFE (4TH CLAIMANT)
BL = YOUNG WIFE (5TH CLAIMANT)
BN = DIVORCED WIFE (3RD CLAIMANT)
BP = DIVORCED WIFE (4TH CLAIMANT)
BQ = DIVORCED WIFE (5TH CLAIMANT)
BR = DIVORCED HUSBAND (1ST CLAIMANT)
BT = DIVORCED HUSBAND (2ND CLAIMANT)
BW = YOUNG HUSBAND (2ND CLAIMANT)
BY = YOUNG HUSBAND (1ST CLAIMANT)
C1-C9,CA-CZ = CHILD (INCLUDES MINOR, STUDENT
                OR DISABLED CHILD)
D  = AGED WIDOW, 60 OR OVER (1ST CLAIMANT)
D1 = AGED WIDOWER, AGE 60 OR OVER (1ST
     CLAIMANT)
D2 = AGED WIDOW (2ND CLAIMANT)
D3 = AGED WIDOWER (2ND CLAIMANT)
D4 = WIDOW (REMARRIED AFTER ATTAINMENT OF
     AGE 60) (1ST CLAIMANT)
D5 = WIDOWER (REMARRIED AFTER ATTAINMENT OF
     AGE 60) (1ST CLAIMANT)
D6 = SURVIVING DIVORCED WIFE, AGE 60 OR OVER
     (1ST CLAIMANT)
D7 = SURVIVING DIVORCED WIFE (2ND CLAIMANT)
D8 = AGED WIDOW (3RD CLAIMANT)
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                                              D9 = REMARRIED WIDOW (2ND CLAIMANT)
                                              DA = REMARRIED WIDOW (3RD CLAIMANT)
                                              DD = AGED WIDOW (4TH CLAIMANT)
                                              DG = AGED WIDOW (5TH CLAIMANT)
                                              DH = AGED WIDOWER (3RD CLAIMANT)
                                              DJ = AGED WIDOWER (4TH CLAIMANT)
                                              DK = AGED WIDOWER (5TH CLAIMANT)
                                              DL = REMARRIED WIDOW (4TH CLAIMANT)
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1   DENOMINATOR RECORD

| | | | POSITIONS | | |
NAME	TYPE	LENGTH	BEG	END	CONTENTS

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                                              DM = SURVIVING DIVORCED HUSBAND (2ND
                                                   CLAIMANT)
                                              DN = REMARRIED WIDOW (5TH CLAIMANT)
                                              DP = REMARRIED WIDOWER (2ND CLAIMANT)
                                              DQ = REMARRIED WIDOWER (3RD CLAIMANT)
                                              DR = REMARRIED WIDOWER (4TH CLAIMANT)
                                              DS = SURVIVING DIVORCED HUSBAND (3RD
                                                   CLAIMANT)
                                              DT = REMARRIED WIDOWER (5TH CLAIMANT)
                                              DV = SURVIVING DIVORCED WIFE (3RD CLAIMANT)
                                              DW = SURVIVING DIVORCED WIFE (4TH CLAIMANT)
                                              DX = SURVIVING DIVORCED HUSBAND (4TH
                                                   CLAIMANT)
                                              DY = SURVIVING DIVORCED WIFE (5TH CLAIMANT)
                                              DZ = SURVIVING DIVORCED HUSBAND (5TH
                                                   CLAIMANT)
                                              E  = MOTHER (WIDOW) (1ST CLAIMANT)
                                              E1 = SURVIVING DIVORCED MOTHER (1ST
                                                   CLAIMANT)
                                              E2 = MOTHER (WIDOW) (2ND CLAIMANT)
                                              E3 = SURVIVING DIVORCED MOTHER (2ND
                                                   CLAIMANT)
                                              E4 = FATHER (WIDOWER) (1ST CLAIMANT)
                                              E5 = SURVIVING DIVORCED FATHER (WIDOWER)
                                                   (1ST CLAIMANT)
                                              E6 = FATHER (WIDOWER) (2ND CLAIMANT)
                                              E7 = MOTHER (WIDOW) (3RD CLAIMANT)
                                              E8 = MOTHER (WIDOW) (4TH CLAIMANT)
                                              E9 = SURVIVING DIVORCED FATHER (WIDOWER)
                                                   (2ND CLAIMANT)
                                              EA = MOTHER (WIDOW) (5TH CLAIMANT
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                                             EB = SURVIVING DIVORCED MOTHER (3RD
                                                  CLAIMANT)
                                             EC = SURVIVING DIVORCED MOTHER (4TH
                                                  CLAIMANT)
                                             ED = SURVIVING DIVORCED MOTHER (5TH
                                                  CLAIMANT
                                             EF = FATHER (WIDOWER) (3RD CLAIMANT)
                                             EG = FATHER (WIDOWER) (4TH CLAIMANT)
                                             EH = FATHER (WIDOWER) (5TH CLAIMANT)
                                             EJ = SURVIVING DIVORCED FATHER (3RD
                                                  CLAIMANT)
                                             EK = SURVIVING DIVORCED FATHER (4TH
                                                  CLAIMANT)
                                             EM = SURVIVING DIVORCED FATHER (5TH
                                                  CLAIMANT)
                                             F1 = FATHER
                                             F2 = MOTHER
                                             F3 = STEPFATHER
                                             F4 = STEPMOTHER
                                             F5 = ADOPTING FATHER
                                             F6 = ADOPTING MOTHER
                                             F7 = SECOND ALLEGED FATHER
                                             F8 = SECOND ALLEGED MOTHER
1                                    DENOMINATOR RECORD


                                   POSITIONS
           NAME                TYPE  LENGTH BEG  END                         CONTENTS
   ---------------------------- ---- ------ --------- ------------------------------------------------------
                                             J1 = PRIMARY PROUTY ENTITLED TO HIB
                                                  (LESS THAN 3 Q.C.) (GENERAL FUND)
                                             J2 = PRIMARY PROUTY ENTITLED TO HIB
                                                  (OVER 2 Q.C.) (RSI TRUST FUND)
                                             J3 = PRIMARY PROUTY NOT ENTITLED TO HIB
                                                  (LESS THAN 3 Q.C.) (GENERAL FUND)
                                             J4 = PRIMARY PROUTY NOT ENTITLED TO HIB
                                                  (OVER 2 Q.C.) (RSI TRUST FUND)
                                             K1 = PROUTY WIFE ENTITLED TO HIB (LESS THAN
                                                  3 Q.C.) (GENERAL FUND) (1ST CLAIMANT)
                                             K2 = PROUTY WIFE ENTITLED TO HIB (OVER 2
                                                  Q.C.) (RSI TRUST FUND) (1ST CLAIMANT)
                                             K3 = PROUTY WIFE NOT ENTITLED TO HIB (LESS
                                                  THAN 3 Q.C.) (GENERAL FUND) (1ST
                                                  CLAIMANT)
                                             K4 = PROUTY WIFE NOT ENTITLED TO HIB (OVER
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                                              2 Q.C.) (RSI TRUST FUND) (1ST
                                              CLAIMANT)
                                    K5 = PROUTY WIFE ENTITLED TO HIB (LESS THAN
                                         3 Q.C.) (GENERAL FUND) (2ND CLAIMANT)
                                    K6 = PROUTY WIFE ENTITLED TO HIB (OVER 2
                                         Q.C.) (RSI TRUST FUND) (2ND CLAIMANT)
                                    K7 = PROUTY WIFE NOT ENTITLED TO HIB (LESS
                                         THAN 3 Q.C.) (GENERAL FUND) (2ND
                                         CLAIMANT)
                                    K8 = PROUTY WIFE NOT ENTITLED TO HIB (OVER
                                         2 Q.C.) (RSI TRUST FUND) (2ND
                                         CLAIMANT)
                                    K9 = PROUTY WIFE ENTITLED TO HIB (LESS THAN
                                         3 Q.C.) (GENERAL FUND) (3RD CLAIMANT)
                                    KA = PROUTY WIFE ENTITLED TO HIB (OVER 2
                                         Q.C.) (RSI TRUST FUND) (3RD CLAIMANT)
                                    KB = PROUTY WIFE NOT ENTITLED TO HIB (LESS
                                         THAN 3 Q.C.) (GENERAL FUND) (3RD
                                         CLAIMANT)
                                    KC = PROUTY WIFE NOT ENTITLED TO HIB (OVER
                                         2 Q.C.) (RSI TRUST FUND) (3RD
                                         CLAIMANT)
                                    KD = PROUTY WIFE ENTITLED TO HIB (LESS THAN
                                         3 Q.C.) (GENERAL FUND) (4TH CLAIMANT)
                                    KE = PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C
                                         (4TH CLAIMANT)
                                    KF = PROUTY WIFE NOT ENTITLED TO HIB (LESS
                                         THAN 3 Q.C.)(4TH CLAIMANT)
                                    KG = PROUTY WIFE NOT ENTITLED TO HIB (OVER
                                         2 Q.C.)(4TH CLAIMANT)
                                    KH = PROUTY WIFE ENTITLED TO HIB (LESS THAN
                                         3 Q.C.)(5TH CLAIMANT)
                                    KJ = PROUTY WIFE ENTITLED TO HIB (OVER 2
                                         Q.C.) (5TH CLAIMANT)
                                    KL = PROUTY WIFE NOT ENTITLED TO HIB (LESS
                                         THAN 3 Q.C.)(5TH CLAIMANT)
                                    KM = PROUTY WIFE NOT ENTITLED TO HIB (OVER
                                         2 Q.C.) (5TH CLAIMANT)
1   DENOMINATOR RECORD

                                    POSITIONS
          NAME   TYPE LENGTH BEG END   CONTENTS
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                                                    M = UNINSURED-NOT QUALIFIED FOR DEEMED HIB

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M1 = UNINSURED-QUALIFIED BUT REFUSED HIB
T  = UNINSURED-ENTITLED TO HIB UNDER DEEMED
     OR RENAL PROVISIONS
TA = MQGE (PRIMARY CLAIMANT)
TB = MQGE AGED SPOUSE (FIRST CLAIMANT)
TC = MQGE DISABLED ADULT CHILD (FIRST CLAIMANT)
TD = MQGE AGED WIDOW(ER) (FIRST CLAIMANT)
TE = MQGE YOUNG WIDOW(ER) (FIRST CLAIMANT)
TF = MQGE PARENT (MALE)
TG = MQGE AGED SPOUSE (SECOND CLAIMANT)
TH = MQGE AGED SPOUSE (THIRD CLAIMANT)
TJ = MQGE AGED SPOUSE (FOURTH CLAIMANT)
TK = MQGE AGED SPOUSE (FIFTH CLAIMANT)
TL = MQGE AGED WIDOW(ER) (SECOND CLAIMANT)
TM = MQGE AGED WIDOW(ER) (THIRD CLAIMANT)
TN = MQGE AGED WIDOW(ER) (FOURTH CLAIMANT)
TP = MQGE AGED WIDOW(ER) (FIFTH CLAIMANT)
TQ = MQGE PARENT (FEMALE)
TR = MQGE YOUNG WIDOW(ER) (SECOND CLAIMANT)
TS = MQGE YOUNG WIDOW(ER) (THIRD CLAIMANT)
TT = MQGE YOUNG WIDOW(ER) (FOURTH CLAIMANT)
TU = MQGE YOUNG WIDOW(ER) (FIFTH CLAIMANT)
TV = MQGE DISABLED WIDOW(ER) FIFTH CLAIMANT
TW = MQGE DISABLED WIDOW(ER) FIRST CLAIMANT
TX = MQGE DISABLED WIDOW(ER) SECOND CLAIMANT
TY = MQGE DISABLED WIDOW(ER) THIRD CLAIMANT
TZ = MQGE DISABLED WIDOW(ER) FOURTH CLAIMANT
T2-T9 = DISABLED CHILD (SECOND TO NINTH
          CLAIMANT)
W  = DISABLED WIDOW, AGE 50 OR OVER (1ST
     CLAIMANT)
W1 = DISABLED WIDOWER, AGE 50 OR OVER (1ST
     CLAIMANT)
W2 = DISABLED WIDOW (2ND CLAIMANT)
W3 = DISABLED WIDOWER (2ND CLAIMANT)
W4 = DISABLED WIDOW (3RD CLAIMANT)
W5 = DISABLED WIDOWER (3RD CLAIMANT)
W6 = DISABLED SURVIVING DIVORCED WIFE (1ST
     CLAIMANT)
W7 = DISABLED SURVIVING DIVORCED WIFE (2ND
     CLAIMANT)
W8 = DISABLED SURVIVING DIVORCED WIFE (3RD
     CLAIMANT)
W9 = DISABLED WIDOW (4TH CLAIMANT)
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                                            WB = DISABLED WIDOWER (4TH CLAIMANT)
                                            WC = DISABLED SURVIVING DIVORCED WIFE (4TH
                                                 CLAIMANT)
                                            WF = DISABLED WIDOW (5TH CLAIMANT)
                                            WG = DISABLED WIDOWER (5TH CLAIMANT)
                                            WJ = DISABLED SURVIVING DIVORCED WIFE (5TH
                                                 CLAIMANT)
                                            WR = DISABLED SURVIVING DIVORCED HUSBAND
                                                 (1ST CLAIMANT)
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1   DENOMINATOR RECORD

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                                         POSITIONS
          NAME                 TYPE  LENGTH BEG  END                          CONTENTS
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                                            WT = DISABLED SURVIVING DIVORCED HUSBAND
                                                 (2ND CLAIMANT)

                                            RAILROAD RETIREMENT BOARD:

                                                NOTE:
                                                EMPLOYEE:  A MEDICARE BENEFICIARY WHO IS
                                                           STILL WORKING OR A WORKER WHO
                                                           DIED BEFORE RETIREMENT
                                                ANNUITANT: A PERSON WHO RETIRED UNDER THE
                                                           RAILROAD RETIREMENT ACT ON OR
                                                           AFTER 03/01/37
                                                PENSIONER: A PERSON WHO RETIRED PRIOR TO
                                                           03/01/37 AND WAS INCLUDED IN THE
                                                           RAILROAD RETIREMENT ACT

                                            10 = RETIREMENT - EMPLOYEE OR ANNUITANT
                                            80 = RR PENSIONER (AGE OR DISABILITY)
                                            14 = SPOUSE OF RR EMPLOYEE OR ANNUITANT
                                                 (HUSBAND OR WIFE)
                                            84 = SPOUSE OF RR PENSIONER
                                            43 = CHILD OF RR EMPLOYEE
                                            13 = CHILD OF RR ANNUITANT
                                            17 = DISABLED ADULT CHILD OF RR ANNUITANT
                                            46 = WIDOW/WIDOWER OF RR EMPLOYEE
                                            16 = WIDOW/WIDOWER OF RR ANNUITANT
                                            86 = WIDOW/WIDOWER OF RR PENSIONER
                                            43 = WIDOW OF EMPLOYEE WITH A CHILD IN HER CARE
                                            13 = WIDOW OF ANNUITANT WITH A CHILD IN HER CARE
                                            83 = WIDOW OF PENSIONER WITH A CHILD IN HER CARE
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                                              45 = PARENT OF EMPLOYEE
                                              15 = PARENT OF ANNUITANT
                                              85 = PARENT OF PENSIONER
                                              11 = SURVIVOR JOINT ANNUITANT
                                                   (REDUCED BENEFITS TAKEN TO INSURE BENEFITS
                                                   FOR SURVIVING SPOUSE)

                                              SOURCE:
                                              EDB

   3. ORIGINAL BENEFICIARY        CHAR    2   12   13  THIS FIELD DENOTES THE ORIGINAL BIC WHEN THE
      IDENTIFICATION CODE (OBIC)                       BENEFICIARY WAS AUTOMATICALLY CONVERTED FROM
                                                       ONE TYPE OF ENTITLEMENT TO ANOTHER ON THE SAME
                                                       ACCOUNT (E.G., WIFE TO WIDOW).

                                              CODES:
                                              SOCIAL SECURITY ADMINISTRATION:

                                              A  = PRIMARY CLAIMANT
                                              B  = AGED WIFE, AGE 62 OR OVER (1ST
                                                   CLAIMANT)
                                              B1 = AGED HUSBAND, AGE 62 OR OVER (1ST
                                                   CLAIMANT)
                                              B2 = YOUNG WIFE, WITH A CHILD IN HER CARE
1                                   DENOMINATOR RECORD


                                  POSITIONS
          NAME                TYPE  LENGTH BEG  END                          CONTENTS
  ---------------------------- ----  ------ --------- ------------------------------------------------------
                                                      (1ST CLAIMANT)
                                              B3 = AGED WIFE (2ND CLAIMANT)
                                              B4 = AGED HUSBAND (2ND CLAIMANT)
                                              B5 = YOUNG WIFE (2ND CLAIMANT)
                                              B6 = DIVORCED WIFE, AGE 62 OR OVER (1ST
                                                   CLAIMANT)
                                              B7 = YOUNG WIFE (3RD CLAIMANT)
                                              B8 = AGED WIFE (3RD CLAIMANT)
                                              B9 = DIVORCED WIFE (2ND CLAIMANT)
                                              BA = AGED WIFE (4TH CLAIMANT)
                                              BD = AGED WIFE (5TH CLAIMANT)
                                              BG = AGED HUSBAND (3RD CLAIMANT)
                                              BH = AGED HUSBAND (4TH CLAIMANT)
                                              BJ = AGED HUSBAND (5TH CLAIMANT)
                                              BK = YOUNG WIFE (4TH CLAIMANT
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                                          BL = YOUNG WIFE (5TH CLAIMANT)
                                          BN = DIVORCED WIFE (3RD CLAIMANT)
                                          BP = DIVORCED WIFE (4TH CLAIMANT)
                                          BQ = DIVORCED WIFE (5TH CLAIMANT)
                                          BR = DIVORCED HUSBAND (1ST CLAIMANT)
                                          BT = DIVORCED HUSBAND (2ND CLAIMANT)
                                          BW = YOUNG HUSBAND (2ND CLAIMANT)
                                          BY = YOUNG HUSBAND (1ST CLAIMANT)
                                          C1-C9,CA-CZ = CHILD (INCLUDES MINOR, STUDENT
                                                       OR DISABLED CHILD)
                                          D  = AGED WIDOW, 60 OR OVER (1ST CLAIMANT)
                                          D1 = AGED WIDOWER, AGE 60 OR OVER (1ST
                                               CLAIMANT)
                                          D2 = AGED WIDOW (2ND CLAIMANT)
                                          D3 = AGED WIDOWER (2ND CLAIMANT)
                                          D4 = WIDOW (REMARRIED AFTER ATTAINMENT OF
                                               AGE 60) (1ST CLAIMANT)
                                          D5 = WIDOWER (REMARRIED AFTER ATTAINMENT OF
                                               AGE 60) (1ST CLAIMANT)
                                          D6 = SURVIVING DIVORCED WIFE, AGE 60 OR OVER
                                                (1ST CLAIMANT)
                                          D7 = SURVIVING DIVORCED WIFE (2ND CLAIMANT)
                                          D8 = AGED WIDOW (3RD CLAIMANT)
                                          D9 = REMARRIED WIDOW (2ND CLAIMANT)
                                          DA = REMARRIED WIDOW (3RD CLAIMANT)
                                          DD = AGED WIDOW (4TH CLAIMANT)
                                          DG = AGED WIDOW (5TH CLAIMANT)
                                          DH = AGED WIDOWER (3RD CLAIMANT)
                                          DJ = AGED WIDOWER (4TH CLAIMANT)
                                          DK = AGED WIDOWER (5TH CLAIMANT)
                                          DL = REMARRIED WIDOW (4TH CLAIMANT)
                                          DM = SURVIVING DIVORCED HUSBAND (2ND
                                               CLAIMANT)
                                          DN = REMARRIED WIDOW (5TH CLAIMANT)
                                          DP = REMARRIED WIDOWER (2ND CLAIMANT)
                                          DQ = REMARRIED WIDOWER (3RD CLAIMANT)
                                          DR = REMARRIED WIDOWER (4TH CLAIMANT)
                                          DS = SURVIVING DIVORCED HUSBAND (3RD
                                               CLAIMANT)
1                                            DENOMINATOR RECORD


                                     POSITIONS
          NAME                TYPE  LENGTH BEG  END                          CONTENTS
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DT = REMARRIED WIDOWER (5TH CLAIMANT)
DV = SURVIVING DIVORCED WIFE (3RD CLAIMANT)
DW = SURVIVING DIVORCED WIFE (4TH CLAIMANT)
DX = SURVIVING DIVORCED HUSBAND (4TH
     CLAIMANT)
DY = SURVIVING DIVORCED WIFE (5TH CLAIMANT)
DZ = SURVIVING DIVORCED HUSBAND (5TH
     CLAIMANT)
E  = MOTHER (WIDOW) (1ST CLAIMANT)
E1 = SURVIVING DIVORCED MOTHER (1ST
     CLAIMANT)
E2 = MOTHER (WIDOW) (2ND CLAIMANT)
E3 = SURVIVING DIVORCED MOTHER (2ND
     CLAIMANT)
E4 = FATHER (WIDOWER) (1ST CLAIMANT)
E5 = SURVIVING DIVORCED FATHER (WIDOWER)
     (1ST CLAIMANT)
E6 = FATHER (WIDOWER) (2ND CLAIMANT)
E7 = MOTHER (WIDOW) (3RD CLAIMANT)
E8 = MOTHER (WIDOW) (4TH CLAIMANT)
E9 = SURVIVING DIVORCED FATHER (WIDOWER)
     (2ND CLAIMANT)
EA = MOTHER (WIDOW) (5TH CLAIMANT)
EB = SURVIVING DIVORCED MOTHER (3RD
     CLAIMANT)
EC = SURVIVING DIVORCED MOTHER (4TH
     CLAIMANT)
ED = SURVIVING DIVORCED MOTHER (5TH
     CLAIMANT
EF = FATHER (WIDOWER) (3RD CLAIMANT)
EG = FATHER (WIDOWER) (4TH CLAIMANT)
EH = FATHER (WIDOWER) (5TH CLAIMANT)
EJ = SURVIVING DIVORCED FATHER (3RD
     CLAIMANT)
EK = SURVIVING DIVORCED FATHER (4TH
     CLAIMANT)
EM = SURVIVING DIVORCED FATHER (5TH
     CLAIMANT)
F1 = FATHER
F2 = MOTHER
F3 = STEPFATHER
F4 = STEPMOTHER
F5 = ADOPTING FATHER
F6 = ADOPTING MOTHER
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                                          F7 = SECOND ALLEGED FATHER
                                          F8 = SECOND ALLEGED MOTHER
                                          J1 = PRIMARY PROUTY ENTITLED TO HIB
                                               (LESS THAN 3 Q.C.) (GENERAL FUND)
                                          J2 = PRIMARY PROUTY ENTITLED TO HIB
                                               (OVER 2 Q.C.) (RSI TRUST FUND)
                                          J3 = PRIMARY PROUTY NOT ENTITLED TO HIB
                                               (LESS THAN 3 Q.C.) (GENERAL FUND)
                                          J4 = PRIMARY PROUTY NOT ENTITLED TO HIB
                                               (OVER 2 Q.C.) (RSI TRUST FUND)
1                                       DENOMINATOR RECORD


                                  POSITIONS
          NAME                TYPE  LENGTH BEG  END                       CONTENTS
------------------------------ ---- ------ --------- -----------------------------------------------------
                                          K1 = PROUTY WIFE ENTITLED TO HIB (LESS THAN
                                               3 Q.C.) (GENERAL FUND) (1ST CLAIMANT)
                                          K2 = PROUTY WIFE ENTITLED TO HIB (OVER 2
                                               Q.C.) (RSI TRUST FUND) (1ST CLAIMANT)
                                          K3 = PROUTY WIFE NOT ENTITLED TO HIB (LESS
                                               THAN 3 Q.C.) (GENERAL FUND) (1ST
                                               CLAIMANT)
                                          K4 = PROUTY WIFE NOT ENTITLED TO HIB (OVER
                                               2 Q.C.) (RSI TRUST FUND) (1ST
                                               CLAIMANT)
                                          K5 = PROUTY WIFE ENTITLED TO HIB (LESS THAN
                                               3 Q.C.) (GENERAL FUND) (2ND CLAIMANT)
                                          K6 = PROUTY WIFE ENTITLED TO HIB (OVER 2
                                               Q.C.) (RSI TRUST FUND) (2ND CLAIMANT)
                                          K7 = PROUTY WIFE NOT ENTITLED TO HIB (LESS
                                               THAN 3 Q.C.) (GENERAL FUND) (2ND
                                               CLAIMANT)
                                          K8 = PROUTY WIFE NOT ENTITLED TO HIB (OVER
                                               2 Q.C.) (RSI TRUST FUND) (2ND
                                               CLAIMANT)
                                          K9 = PROUTY WIFE ENTITLED TO HIB (LESS THAN
                                               3 Q.C.) (GENERAL FUND) (3RD CLAIMANT)
                                          KA = PROUTY WIFE ENTITLED TO HIB (OVER 2
                                               Q.C.) (RSI TRUST FUND) (3RD CLAIMANT)
                                          KB = PROUTY WIFE NOT ENTITLED TO HIB (LESS
                                               THAN 3 Q.C.) (GENERAL FUND) (3RD
                                               CLAIMANT)
                                          KC = PROUTY WIFE NOT ENTITLED TO HIB (OVER
                                               2 Q.C.) (RSI TRUST FUND) (3RD
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```
                                                           CLAIMANT)
                                      KD = PROUTY WIFE ENTITLED TO HIB (LESS THAN
                                            3 Q.C.) (GENERAL FUND) (4TH CLAIMANT)
                                      KE = PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C
                                            (4TH CLAIMANT)
                                      KF = PROUTY WIFE NOT ENTITLED TO HIB (LESS
                                            THAN 3 Q.C.)(4TH CLAIMANT)
                                      KG = PROUTY WIFE NOT ENTITLED TO HIB (OVER
                                            2 Q.C.)(4TH CLAIMANT)
                                      KH = PROUTY WIFE ENTITLED TO HIB (LESS THAN
                                            3 Q.C.)(5TH CLAIMANT)
                                      KJ = PROUTY WIFE ENTITLED TO HIB (OVER 2
                                            Q.C.) (5TH CLAIMANT)
                                      KL = PROUTY WIFE NOT ENTITLED TO HIB (LESS
                                            THAN 3 Q.C.)(5TH CLAIMANT)
                                      KM = PROUTY WIFE NOT ENTITLED TO HIB (OVER
                                            2 Q.C.) (5TH CLAIMANT)
                                      M  = UNINSURED-NOT QUALIFIED FOR DEEMED HIB
                                      M1 = UNINSURED-QUALIFIED BUT REFUSED HIB
                                      T  = UNINSURED-ENTITLED TO HIB UNDER DEEMED
                                            OR RENAL PROVISIONS
                                      TA = MQGE (PRIMARY CLAIMANT)
                                      TB = MQGE AGED SPOUSE (FIRST CLAIMANT)
                                      TC = MQGE DISABLED ADULT CHILD (FIRST CLAIMANT)
                                      TD = MQGE AGED WIDOW(ER) (FIRST CLAIMANT)
1                                        DENOMINATOR RECORD


                                      POSITIONS
            NAME                TYPE  LENGTH BEG  END                      CONTENTS
    --------------------------- ----  ------ ---------  -------------------------------------------------------
                                      TE = MQGE YOUNG WIDOW(ER) (FIRST CLAIMANT)
                                      TF = MQGE PARENT (MALE)
                                      TG = MQGE AGED SPOUSE (SECOND CLAIMANT)
                                      TH = MQGE AGED SPOUSE (THIRD CLAIMANT)
                                      TJ = MQGE AGED SPOUSE (FOURTH CLAIMANT)
                                      TK = MQGE AGED SPOUSE (FIFTH CLAIMANT)
                                      TL = MQGE AGED WIDOW(ER) (SECOND CLAIMANT)
                                      TM = MQGE AGED WIDOW(ER) (THIRD CLAIMANT)
                                      TN = MQGE AGED WIDOW(ER) (FOURTH CLAIMANT)
                                      TP = MQGE AGED WIDOW(ER) (FIFTH CLAIMANT)
                                      TQ = MQGE PARENT (FEMALE)
                                      TR = MQGE YOUNG WIDOW(ER) (SECOND CLAIMANT)
                                      TS = MQGE YOUNG WIDOW(ER) (THIRD CLAIMANT)
                                      TT = MQGE YOUNG WIDOW(ER) (FOURTH CLAIMANT)
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                                     TU = MQGE YOUNG WIDOW(ER) (FIFTH CLAIMANT)
                                     TV = MQGE DISABLED WIDOW(ER) FIFTH CLAIMANT
                                     TW = MQGE DISABLED WIDOW(ER) FIRST CLAIMANT
                                     TX = MQGE DISABLED WIDOW(ER) SECOND CLAIMANT
                                     TY = MQGE DISABLED WIDOW(ER) THIRD CLAIMANT
                                     TZ = MQGE DISABLED WIDOW(ER) FOURTH CLAIMANT
                                     T2-T9 = DISABLED CHILD (SECOND TO NINTH
                                             CLAIMANT)
                                     W  = DISABLED WIDOW, AGE 50 OR OVER (1ST
                                          CLAIMANT)
                                     W1 = DISABLED WIDOWER, AGE 50 OR OVER (1ST
                                          CLAIMANT)
                                     W2 = DISABLED WIDOW (2ND CLAIMANT)
                                     W3 = DISABLED WIDOWER (2ND CLAIMANT)
                                     W4 = DISABLED WIDOW (3RD CLAIMANT)
                                     W5 = DISABLED WIDOWER (3RD CLAIMANT)
                                     W6 = DISABLED SURVIVING DIVORCED WIFE (1ST
                                          CLAIMANT)
                                     W7 = DISABLED SURVIVING DIVORCED WIFE (2ND
                                          CLAIMANT)
                                     W8 = DISABLED SURVIVING DIVORCED WIFE (3RD
                                          CLAIMANT)
                                     W9 = DISABLED WIDOW (4TH CLAIMANT)
                                     WB = DISABLED WIDOWER (4TH CLAIMANT)
                                     WC = DISABLED SURVIVING DIVORCED WIFE (4TH
                                          CLAIMANT)
                                     WF = DISABLED WIDOW (5TH CLAIMANT)
                                     WG = DISABLED WIDOWER (5TH CLAIMANT)
                                     WJ = DISABLED SURVIVING DIVORCED WIFE (5TH
                                          CLAIMANT)
                                     WR = DISABLED SURVIVING DIVORCED HUSBAND
                                          (1ST CLAIMANT)
                                     WT = DISABLED SURVIVING DIVORCED HUSBAND
                                          (2ND CLAIMANT)


                                     RAILROAD RETIREMENT BOARD:


                                        NOTE:
                                        EMPLOYEE:  A MEDICARE BENEFICIARY WHO IS
                                                   STILL WORKING OR A WORKER WHO
1                                          DENOMINATOR RECORD

                           POSITIONS
             NAME              TYPE  LENGTH BEG  END                          CONTENTS
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     -------------------------- ----  ------ -------- -------------------------------------------------------
                                                      DIED BEFORE RETIREMENT
                                            ANNUITANT: A PERSON WHO RETIRED UNDER THE
                                                       RAILROAD RETIREMENT ACT ON OR
                                                       AFTER 03/01/37
                                            PENSIONER: A PERSON WHO RETIRED PRIOR TO
                                                       03/01/37 AND WAS INCLUDED IN THE
                                                       RAILROAD RETIREMENT ACT

                                            10 = RETIREMENT - EMPLOYEE OR ANNUITANT
                                            80 = RR PENSIONER (AGE OR DISABILITY)
                                            14 = SPOUSE OF RR EMPLOYEE OR ANNUITANT
                                                 (HUSBAND OR WIFE)
                                            84 = SPOUSE OF RR PENSIONER
                                            43 = CHILD OF RR EMPLOYEE
                                            13 = CHILD OF RR ANNUITANT
                                            17 = DISABLED ADULT CHILD OF RR ANNUITANT
                                            46 = WIDOW/WIDOWER OF RR EMPLOYEE
                                            16 = WIDOW/WIDOWER OF RR ANNUITANT
                                            86 = WIDOW/WIDOWER OF RR PENSIONER
                                            43 = WIDOW OF EMPLOYEE WITH A CHILD IN HER CARE
                                            13 = WIDOW OF ANNUITANT WITH A CHILD IN HER CARE
                                            83 = WIDOW OF PENSIONER WITH A CHILD IN HER CARE
                                            45 = PARENT OF EMPLOYEE
                                            15 = PARENT OF ANNUITANT
                                            85 = PARENT OF PENSIONER
                                            11 = SURVIVOR JOINT ANNUITANT
                                                 (REDUCED BENEFITS TAKEN TO INSURE BENEFITS
                                                 FOR SURVIVING SPOUSE)

                                            SOURCE:
                                            SSA AND RRB BENEFICIARY SYSTEMS

  4. STATE CODE                    CHAR    2    14   15   THIS FIELD SPECIFIES THE STATE OF RESIDENCE
                                                         OF THE BENEFICIARY AND IS BASED ON THE MAILING
                                                         ADDRESS USED FOR CASH BENEFITS OR THE MAILING
                                                         ADDRESS USED FOR OTHER PURPOSES (FOR EXAMPLE,
                                                         PREMIUM BILLING). THIS INFORMATION IS
                                                         MAINTAINED FROM CHANGE OF ADDRESS NOTICES
                                                         SENT IN BY THE BENEFICIARIES, AND IS APPENDED
                                                         TO THE RECORD AT TIME OF PROCESSING IN CENTRAL
                                                         OFFICE.  THE CODING SYSTEM IS THE SSA SYSTEM,
                                                         NOT THE FEDERAL INFORMATION PROCESSING
                                                         STANDARD (FIPS).
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                                          STANDARD ALIAS: BENE_RSDNC_SSA_STD_STATE_CD

                                          CODES:
                                          01 = ALABAMA
                                          02 = ALASKA
                                          03 = ARIZONA
                                          04 = ARKANSAS
                                          05 = CALIFORNIA
                                          06 = COLORADO
                                          07 = CONNECTICUT
1                                            DENOMINATOR RECORD


                              POSITIONS
        NAME              TYPE  LENGTH BEG  END                               CONTENTS
 ----------------------------  ----  ------ ---------  --------------------------------------------------------
                                          08 = DELAWARE
                                          09 = DISTRICT OF COLUMBIA
                                          10 = FLORIDA
                                          11 = GEORGIA
                                          12 = HAWAII
                                          13 = IDAHO
                                          14 = ILLINOIS
                                          15 = INDIANA
                                          16 = IOWA
                                          17 = KANSAS
                                          18 = KENTUCKY
                                          19 = LOUISIANA
                                          20 = MAINE
                                          21 = MARYLAND
                                          22 = MASSACHUSETTS
                                          23 = MICHIGAN
                                          24 = MINNESOTA
                                          25 = MISSISSIPPI
                                          26 = MISSOURI
                                          27 = MONTANA
                                          28 = NEBRASKA
                                          29 = NEVADA
                                          30 = NEW HAMPSHIRE
                                          31 = NEW JERSEY
                                          32 = NEW MEXICO
                                          33 = NEW YORK
                                          34 = NORTH CAROLINA
                                          35 = NORTH DAKOTA
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                                                36 = OHIO
                                                37 = OKLAHOMA
                                                38 = OREGON
                                                39 = PENNSYLVANIA
                                                40 = PUERTO RICO
                                                41 = RHODE ISLAND
                                                42 = SOUTH CAROLINA
                                                43 = SOUTH DAKOTA
                                                44 = TENNESSEE
                                                45 = TEXAS
                                                46 = UTAH
                                                47 = VERMONT
                                                48 = VIRGIN ISLANDS
                                                49 = VIRGINIA
                                                50 = WASHINGTON
                                                51 = WEST VIRGINIA
                                                52 = WISCONSIN
                                                53 = WYOMING
                                                54 = AFRICA
                                                55 = ASIA OR
                                                     CALIFORNIA; INSTITUTIONAL PROVIDER
                                                     OF SERVICES (IPS) ONLY
                                                56 = CANADA & ISLANDS
                                                57 = CENTRAL AMERICA AND WEST INDIES
                                                58 = EUROPE
                                                59 = MEXICO
```

1   DENOMINATOR RECORD

```
                            POSITIONS
        NAME              TYPE  LENGTH BEG  END                          CONTENTS
------------------------- ---- ------ ---------  --------------------------------------------------------
                                                60 = OCEANIA
                                                61 = PHILIPPINES
                                                62 = SOUTH AMERICA
                                                63 = U.S. POSSESSIONS
                                                64 = AMERICAN SAMOA
                                                65 = GUAM
                                                66 = SAIPAN
                                                     OR NORTHERN MARIANAS
                                                67 = TEXAS; INSTITUTIONAL PROVIDER
                                                     OF SERVICES (IPS) ONLY
                                                97 = NORTHERN MARIANAS
                                                98 = GUAM
                                                99 = WITH 000 COUNTY CODE IS AMERICAN SAMOA;
```

```
                                                OTHERWISE UNKNOWN

                                      SOURCE:
                                      SSA AND RRB BENEFICIARY RECORD SYSTEMS.
                                      FOR RRB BENEFICIARIES, THE STATE IS CODED
                                      IN SSA BASED ON MAILING ADDRESS.

                                      LIMITATIONS:
                                      IN SOME CASES, THE CODE MAY NOT BE THE
                                      ACTUAL STATE OF RESIDENCE.  (FOR EXAMPLE,
                                      IF THE BENEFICIARY HAS A REPRESENTATIVE PAYEE).

     5.  COUNTY CODE            CHAR    3   16   18   THIS CODE SPECIFIES THE SSA CODE FOR THE
                                                     COUNTY OF RESIDENCE OF THE BENEFICIARY.
                                                     EACH STATE HAS A SERIES OF CODES BEGINNING
                                                     WITH '000' FOR EACH COUNTY WITHIN THAT
                                                     STATE.  CERTAIN CITIES WITHIN THAT STATE
                                                     HAVE THEIR OWN CODE.   COUNTY CODES MUST
                                                     BE COMBINED WITH STATE CODES IN ORDER TO
                                                     LOCATE THE SPECIFIC COUNTY.  THE CODING
                                                     SYSTEM IS THE SSA SYSTEM, NOT THE FEDERAL
                                                     INFORMATION PROCESSING SYSTEM (FIPS).

                                      STANDARD ALIAS: BENE_RSDNC_SSA_STD_CNTY_CD

                                      EDIT-RULES:
                                      NUMERIC

                                      SOURCE:
                                      'GEOGRAPHIC CODE MANUAL FOR STATE AND COUNTY
                                      OF RESIDENCE' PRODUCED BY THE SSA.

                                      LIMITATIONS:
                                      SOME CODES MAY BE INVALID, UNKNOWN, OR '999'.
                                      (DIFFERENT FROM FIPS)

     6.  ZIP CODE OF RESIDENCE   NUM    9   19   27   THIS FIELD SPECIFIES THE ZIP CODE AND IS
                                                     BASED UPON THE MAILING ADDRESS USED FOR
                                                     CASH BENEFITS TO THE BENEFICIARY OR FOR
                                                     OTHER PURPOSES (E.G., PREMIUM BILLING).

1                                     DENOMINATOR RECORD

                                         POSITIONS
```

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            NAME                TYPE  LENGTH BEG  END                         CONTENTS
----------------------------    ----  ------ ---------  -------------------------------------------------------
                                                        9 DIGITS

                                                        STANDARD ALIAS: BENE_MLG_CNTCT_ZIP_CD

                                                        EDIT-RULES:
                                                        9-DIGIT ZIP
                                                        5-DIGIT ZIP - ZERO BACK FILLED
                                                        3-DIGIT ZIP - ALL NINES
                                                        NO ZIP - ALL ZEROS

                                                        COMMENT:
                                                        CODES IDENTIFY POSTAL SERVICE AREAS
                                                        WITHIN THE U.S.A. BUT DO NOT NECESSARILY
                                                        ADHERE TO BOUNDARIES OF CITIES, COUNTIES,
                                                        STATES,  OR OTHER JURISDICTIONS.  THE
                                                        CODE IS APPENDED TO THE RECORD AT TIME
                                                        OF PROCESSING IN CENTRAL OFFICE.
                                                        THE FIRST THREE POSITIONS OF THE ZIP CODE
                                                        REPRESENT A PARTICULAR SECTIONAL POSTAL
                                                        CENTER OR A METROPOLITAN CITY.  THE FOLLOWING
                                                        TWO DIGITS REPRESENT THE ASSOCIATED POST
                                                        POST OFFICE SERVED BY THE POSTAL CENTER OR
                                                        THE DELIVERY AREA SERVED BY THE POSTAL
                                                        STATION.

                                                        SOURCE:
                                                        EDB

                                                        LIMITATIONS:
                                                        ZIP CODE MAY NOT CORRESPOND WITH STATE
                                                        OF RESIDENCE.

  7. DATE OF BIRTH               NUM     8    28   35   THIS DATE SPECIFIES THE BENEFICIARY'S DATE OF
                                                        BIRTH.

                                                        8 DIGITS

                                                        STANDARD ALIAS: BENE_BIRTH_DT
                                                        COMMON ALIAS: DOB

                                                        EDIT-RULES:
                                                        YYYYMMDD
```

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                                              SOURCE:
                                              SSA AND RRB BENEFICIARY RECORD SYSTEMS

   8. SEX                     CHAR      1   36   36   THIS FIELD INDICATES THE SEX OF THE
                                              BENEFICIARY.

                                              DERIVATION:
                                              ANY UNKNOWN SEX CODES HAVE BEEN ASSIGNED
                                              TO MALE/FEMALE BASED ON AGE:
                                                  < 65 = MALE, > 64 = FEMALE.

1                                   DENOMINATOR RECORD


                                     POSITIONS
            NAME                 TYPE   LENGTH BEG   END                            CONTENTS
   ---------------------------- ---- ------ --------- -------------------------------------------------------
                                              CODES:
                                              1 = MALE
                                              2 = FEMALE


   9. BENEFICIARY RACE CODE     CHAR      1   37   37   THE RACE OF A BENEFICIARY.

                                              STANDARD ALIAS: BENE_RACE_CD
                                              SAS ALIAS: RACE_CD
                                              TITLE ALIAS: RACE_CD

                                              CODES:
                                              0 = UNKNOWN
                                              1 = WHITE
                                              2 = BLACK
                                              3 = OTHER
                                              4 = ASIAN
                                              5 = HISPANIC
                                              6 = NORTH AMERICAN NATIVE

                                              SQL-INFO:
                                              CHAR(1)       NOT NULL

                                              SOURCE:
                                              SSA

   10. AGE                      NUM       2   38   39   BENEFICIARY'S AGE AT END OF PRIOR YEAR.
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```
                                                       2 DIGITS

                                                       CODES:
                                                       AGE > 98, CODED AS 98

11.  ORIGINAL REASON FOR        CHAR     1    40   40  THIS FIELD INDICATES THE REASON FOR THE
     ENTITLEMENT                                       BENEFICIARY'S ORIGINAL ENTITLEMENT TO
                                                       MEDICARE BENEFITS.

                                                       CODES:
                                                       0 = OLD AGE AND SURVIVORS INSURANCE (OASI)
                                                       1 = DISABILITY INSURANCE BENEFITS (DIB)
                                                       2 = ESRD
                                                       3 = BOTH DIB AND ESRD

                                                       SOURCE:
                                                       SSA AND RRB BENEFICIARY RECORD SYSTEMS

12.  CURRENT REASON FOR         CHAR     1    41   41  THIS FIELD INDICATES THE REASON FOR THE
     ENTITLEMENT CODE                                  BENEFICIARY'S CURRENT ENTITLEMENT TO MEDICARE
                                                       BENEFITS.

                                                       CODES:
                                                       0 = OLD AGE AND SURVIVOR'S INSURANCE (OASI)
                                                       1 = DISABILITY INSURANCE BENEFITS (DIB)
                                                       2 = ESRD
                                                       3 = DIB AND ESRD
1                                              DENOMINATOR RECORD


                                        POSITIONS
          NAME                TYPE  LENGTH BEG   END                          CONTENTS
 ---------------------------- ----  ------ --------- ---------------------------------------------------

                                                       SOURCE:
                                                       ENROLLMENT DATA BASE

13.  END STAGE RENAL DISEASE    CHAR     1    42   42  THIS FIELD SPECIFIES THAT A BENEFICIARY IS
     INDICATOR (ESRD)                                  AFFLICTED WITH END STAGE RENAL DISEASE (ESRD).

                                                       CODES:
                                                       EFFECTIVE 1992
                                                       Y = THE BENEFICIARY HAS ESRD
                                                       0 = THE BENEFICIARY DOES NOT HAVE ESRD
```

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14. MEDICARE STATUS CODE        CHAR    2    43   44   THIS FIELD SPECIFIES THE REASON FOR THE
                                                       BENEFICIARY'S ENTITLEMENT.

                                                       STANDARD ALIAS: BENE_MDCR_STUS_CD
                                                       COMMON ALIAS: MSC

                                                       CODES:
                                                       10 = AGED WITHOUT ESRD
                                                       11 = AGED WITH ESRD
                                                       20 = DISABLED WITHOUT ESRD
                                                       21 = DISABLED WITH ESRD
                                                       31 = ESRD ONLY

                                                       SOURCE:
                                                       THIS FIELD IS CODED FROM AGE, ORIGINAL REASON
                                                       FOR ENTITLEMENT, CURRENT REASON FOR
                                                       ENTITLEMENT AND ESRD INDICATOR CONTAINED
                                                       IN THE ENROLLMENT DATA BASE AT THE
                                                       CENTRAL OFFICE AT THE DATE OF PROCESSING.

15. PART A TERMINATION CODE     CHAR    1    45   45   THIS CODE SPECIFIES THE REASON PART A
                                                       ENTITLEMENT WAS TERMINATED.

                                                       CODES:
                                                       EFFECTIVE 1992
                                                       0 = NOT TERMINATED
                                                       1 = DEAD
                                                       2 = NON-PAYMENT OF PREMIUM
                                                       3 = VOLUNTARY WITHDRAWAL
                                                       9 = OTHER TERMINATION

                                                       SOURCE:
                                                       ENROLLMENT DATA BASE

16. PART B TERMINATION          CHAR    1    46   46   THIS CODE SPECIFIES THE REASON PART B
                                                       ENTITLEMENT WAS TERMINATED.

                                                       CODES:
                                                       EFFECTIVE 1992
                                                       0 = NOT TERMINATED
                                                       1 = DEAD
                                                       2 = NON-PAYMENT OF PREMIUM
1                                                 DENOMINATOR RECORD
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                                              POSITIONS
            NAME                  TYPE  LENGTH BEG   END                          CONTENTS
   ---------------------------    ----  ------ ---------    -------------------------------------------------------
                                                            3 = VOLUNTARY WITHDRAWAL
                                                            9 = OTHER TERMINATION

                                                            SOURCE:
                                                            ENROLLMENT DATA BASE

   17. FILLER                     CHAR     1    47    47    STANDARD ALIAS: FILLER
                                                            SAS ALIAS: FILLER

****   ENTITLEMENT / BUYIN        GROUP   12    48    59    INCLUDES ONE ENTITLEMENT BUYIN INDICATOR FOR
       INDICATORS                                           EACH MONTH OF THE REFERENCE YEAR.

   18. MEDICARE ENTITLEMENT/BUY-IN CHAR    1    48    48    OCCURS: 12 TIMES
       INDICATOR
                                                            CODES:
                                                            0 = NOT ENTITLED
                                                            1 = PART A ONLY
                                                            2 = PART B ONLY
                                                            3 = PART A AND PART B
                                                            A = PART A, STATE BUY-IN
                                                            B = PART B, STATE BUY-IN
                                                            C = PARTS A AND B, STATE BUY-IN

****   HMO INDICATORS             GROUP   12    60    71    INCLUDES ONE HMO INDICATOR FOR EACH MONTH
                                                            OF THE REFERENCE YEAR.

   19. HMO INDICATOR              CHAR     1    60    60    CODE INDICATING BENEFICIARY HAS MEMBERSHIP
                                                            IN HEALTH MAINTENANCE ORGANIZATION.

                                                            OCCURS: 12 TIMES

                                                            CODES:
                                                            EFFECTIVE 1992
                                                            0 = NOT A MEMBER OF HMO
                                                            1 = NON LOCK-IN, HCFA TO PROCESS PROVIDER
                                                                CLAIMS
                                                            2 = NON LOCK-IN, GHO TO PROCESS IN-PLAN
                                                                PART A AND IN-AREA PART B CLAIMS
                                                            A = LOCK-IN, HCFA TO PROCESS PROVIDER
                                                                CLAIMS
                                                            B = LOCK-IN, GHO TO PROCESS IN-PLAN
```

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                                             PART A AND IN-AREA PART B CLAIMS
                                             C = LOCK-IN, GHO TO PROCESS ALL PROVIDER
                                                 CLAIMS

  20.  HI COVERAGE                NUM      2    72   73  TOTAL NUMBER OF MONTHS OF PART A COVERAGE

                                                        2 DIGITS

  21.  SMI COVERAGE               NUM      2    74   75  TOTAL NUMBER OF MONTHS OF PART B COVERAGE

                                                        2 DIGITS

  22.  HMO COVERAGE               NUM      2    76   77  TOTAL NUMBER OF MONTHS OF HMO COVERAGE.
1                                                       DENOMINATOR RECORD


                                               POSITIONS
               NAME              TYPE  LENGTH  BEG   END                          CONTENTS
     --------------------------- ----  ------ ---------  -------------------------------------------------------

                                                        2 DIGITS

  23.  STATE BUY-IN COVERAGE      NUM     2    78   79  TOTAL NUMBER OF MONTHS OF STATE BUY-IN.

                                                        2 DIGITS

  24.  VALID DATE OF DEATH SWITCH CHAR    1    80   80  CODES:
                                                        V = VALID DEATH DATE
                                                        BLANK = DEFAULT

  25.  DATE OF DEATH              NUM     8    81   88  THIS FIELD INDICATES THE DATE OF DEATH
                                                        OF THE BENEFICIARY.

                                                        8 DIGITS

                                                        STANDARD ALIAS: BENE_DEATH_DT
                                                        COMMON ALIAS: DOD

                                                        EDIT-RULES:
                                                        YYYYMMDD
                                                        ZEROS = NOT APPLICABLE
                                                        IF DAY OF DEATH IS UNKNOWN, CODED AS
                                                        LAST DAY OF MONTH

  26.  BENEFICIARY ENROLLMENT     NUM     2    89   90  ENROLLMENT YEAR
```

REFERENCE YEAR   THIS FIELD INDICATES THE REFERENCE YEAR OF
                                           ENROLLMENT OF THE BENEFICIARY.

                                           2 DIGITS

                                           STANDARD ALIAS: BENE_ENRLMT_RFRNC_YR

                                           EDIT-RULES:
                                           YY

GENERATED ON 10/24/01 AT 08:19:04